

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000087770

1. Corporation Name

JKG GROUP, INC.

Principal Place of Business

1000 CLINT MOORE RD  
STE 201  
BOCA RATON FL 33487  
US

Mailing Address

360 WEST 31 ST  
1000  
NEW YORK NY 10001  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/23/1993

5. FEI Number

65-0456604

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	GITTLIN, S R	320 SOUTH OCEAN BLVD BLDG A, UNIT	DELRAY BEACH FL 33483
COO	KIND, MICHAEL	5312 N.W 60TH DRIVE	CORAL SPRINGS FL 33067
CHMN	GITTLIN, B M	10155 COLLINS AVENUE APT.#901	BAL HARBOUR FL 33154
ST	GITTLIN, BRUCE D	360 WEST 31ST, SUITE #1000	NEW YORK NY 10001

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KIND, MICHAEL  
5312 NW 60TH DRIVE  
CORAL SPRINGS FL 33067

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

Boca Raton

FL

33487

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/25/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S.; that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02 561-241-1999

FILED

02 NOV -8 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

02

CR2040 (8/02)